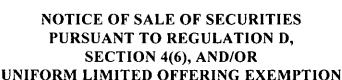
FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB APPROVAL					
OMB Num				35-0	
Expires:	Apı	il 3	30,	200	80
Expires: April 30,2008 Estimated average burden					
hours per response16.00					

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SEC USE ONLY				
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	1			

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	9F0
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	SEC ULOE Wall Processing Section
A. BASIC IDENTIFICATION DATA	JAN 25 2008
1. Enter the information requested about the issuer	07174-10
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Brevet Capital Special Opportunities Fund Ltd.	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
The Chrysler Center, 666 Third Avenue, 29th Floor, New York, NY 10017	(212) 974-5770
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	PHOCESSED
To serve as a collective investment vehicle for the holders of its limited partnership interests	JAN 3 0 2008
Type of Business Organization corporation business trust limited partnership, already formed limited partnership, to be formed	lease specify): THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Organization: O1 O7 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	nated

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Doug Monticciolo Business or Residence Address (Number and Street, City, State, Zip Code) The Chrysler Center, 666 Third Avenue, 29th Floor, New York, NY 10017 General and/or ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Sean Flynn Business or Residence Address (Number and Street, City, State, Zip Code) HF Fund Services Ltd., P.O. Box 2423rd Floor, Zephyr House, Mary Street, Grand Cayman, KY1-1104, Cayman Islands Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Patrick Harrigan Business or Residence Address (Number and Street, City, State, Zip Code) HF Fund Services Ltd., P.O. Box 2423rd Floor, Zephyr House, Mary Street, Grand Cayman, KY1-1104, Cayman Islands Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					B. 13	NFORMAT	ION ABOU	T OFFERI	NG					
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes	No						
	Answer also in Appendix, Column 2, if filing under ULOE.							•						
2.	.,							\$	00,000.00					
3.	Does th	e offering	permit join	t ownershi	ip of a sing	le unit?						Yes	No K	
4.		-			-							11.1	==	
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Ful no	•	Last name	first, if ind	ividual)										
		Residence	Address (N	lumber and	d Street, C	ity, State, Z	Lip Code)							
No	ma of An	anaistad Di	roker or De	مامس										
ma	ine of As	sociated is	roker or De	aler										
Sta			Listed Has											
	(Check	"All State:	s" or check	individual	l States)			••••••		.,,		☐ All States		
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL MT	IN NE	[IA] [NV]	KS	KY	LA	ME	MD	MA	MI	MN IOVI	MS	MO	
	RI	SC	SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK] WI	OR WY	PA PR	
Ful	l Name (Last name	first, if ind	ividual)										
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						<u>.</u>	
Nai	me of As	sociated Bi	oker or De	aler										
Sta	tes in W	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
	(Check	"All States	s" or check	individual	States)			••••••			***************************************	☐ Al	1 States	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	
Ful			first, if indi			<u> </u>								
Bus	siness or	Residence	: Address (1	Number an	d Street, C	ity, State, 2	Zip Code)							
Nar	ne of As:	sociated Br	oker or De	aler	<u>.</u>									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							
(Check "All States" or check individual States)								l States						
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	[L]	N NE	IA NIV	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO	
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and			
	already exchanged.	Aggregate	•	Amount Already
	Type of Security	Offering Pr		Sold
	Debt	\$ 0.00		\$ 100,000,000.00
	Equity		0.00	0.00
	✓ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$ 0.00		0.00 \$
	Partnership Interests			\$ 0.00
	Other (Specify)			\$ 0.00
	Total	\$ 750,000,0	0.00	100,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.			·
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	0		\$_100,000,000.00
	Non-accredited Investors	0		\$_0.00
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505	0		\$_0.00
	Regulation A	0		<u>\$_0.00</u>
	Rule 504	0		<u>\$_0.00</u>
	Total			\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s
	Printing and Engraving Costs		П	\$ <u>0.00</u>
	Legal Fees		П	\$ 0.00
	Accounting Fees			\$ 0.00
	Engineering Fees			\$ 0.00
	Sales Commissions (specify finders' fees separately)			\$_0.00
	Other Expenses (identify)			\$ 0.00
	Total		$\overline{\Box}$	\$ 0.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	;	750,000,000.00	
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.			
		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees	S 0.00	\$ 0.00	
	Purchase of real estate	\$_0.00	\$_0.00	
	Purchase, rental or leasing and installation of machinery and equipment		\$_0.00	
	Construction or leasing of plant buildings and facilities	□ \$ <u>0.00</u>	s 0.00	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□\$ 0.00	\$ 0.00	
	Repayment of indebtedness		\$ 0.00	
	Working capital	<u>\$</u> 0.00	\$ 0.00	
	Other (specify):			
		☐ \$. 🗆 \$	
	Column Totals	□ \$ 0.00	\$ 0.00	
	Total Payments Listed (column totals added)		.00	
	D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commi information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte		
Iss	uer (Print or Type) Signature	Date		
Вг	evet Capital Special Opportunities Fund Ltd.	Jan. 4	, Jeus	
Na	ne of Signer (Print or Type) Title of Signer (Print or Type)			
Dοι	glas Monticciolo Director			

END

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)